

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SAH		
O.I.P.E. CLASSIFIER	MTW	59	12-23-99
FORMALITY REVIEW		70603	1-12-99

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1			1/1/99
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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